

# CLAIMS ONLY

## BEST AVAILABLE COPY

Application Number

09/881,740

Filing Date

Applicant

6/6/05

\* May be used for additional claims or amendments

CLAIMS	AS FILED 6/22/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51						
2		/		/			52						
3	/		/				53						
4	/		/				54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/		/				59						
10		/		/			60						
11	/		/				61						
12	/		/				62						
13		/		/			63						
14	/		/				64						
15	/		/				65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19	/		/				69						
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21		/		/			71						
22	/		/				72						
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26	/		/				76						
27	/		/				77						
28		/		/			78						
29	/		/				79						
30	/		/				80						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	16		16				Total Indep						
Total Depend	14		14				Total Depend						
Total Claims	30		30				Total Claims						

203

# CLAIMS ONLY

SERIAL NO.

64881740

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/	/		/	
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
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13		/		/		/
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15		/		/		/
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17		/		/		/
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19		/		/		/
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50						
TOTAL IND.	2	1	5	1	5	1
TOTAL DEP.	20		21		21	
TOTAL CLAIMS	22		26		26	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
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99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

1043

# CLAIMS ONLY

Application Number

09/881,740

Filing Date

Applicant(s)

9/24/08

1/4/05

\* May be used for additional claims or amendments

CLAIMS	AS FILED 3/30/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/		/		/
3	/		/		/	
4	/		/		/	
5		/		/		/
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9						
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16		/		/		/
17		/		/		/
18		/		/		/
19	<del>/</del>		<del>/</del>		<del>/</del>	
20						
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Total Indep	13		13		15	
Total Depend	13		13		13	
Total Claims	26		26		28	

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						

208